Non-Residential Sewer Use Certification

This document must be printed, signed and scanned before submitting



Sewer use certification					scanned be	fore sub	e submitting Wastewater Treatment Division		
 To be completed for all new sewer connections, reconnections or change of use of existing connections. This form does not apply to repairs or replacements of existing sewer 						Fo	r King County Use Only		
						er Acc	Account #		
connections within five years of disconnect.						No	. of RCEs		
Please Print or Type							onthly Rate		
Property Street Address						_	nully nate		
						_			
City			State	!	ZIP	_			
Owner's Name							erty Tax ID # to be Billed (if different from owner)		
Subdivision Name Lot #						-	,		
Subdiv. #Block #									
Subdiv. #				Bloo	:k #				
Building Name(if applicable)						City o	or Sewer District		
						Date	Date of Connection		
() Owner's Phone Number (with Area Code)						Side	Sewer Permit #		
(Plea Cred	se report any demolitions of pre-existing building on this property. It for a demolition may be given under some circumstances.		
Property Contact Phone Number (with Area Code)						Dem	olition of pre-existing building? ☐ Yes ☐ No		
Owner's Mailing Address						Was	building on Sanitary Sewer? □ Yes □ No Sewer connected before 2/1/90? □ Yes □ No		
							er disconnect date		
						Requ	est to apply demolition credit to multiple buildings? Yes No		
A. Fixture Units						D D	Other Wastewater Flow		
Fixture Units x Number of F	ixtures	= Tot	al Fixti	ıre IIni	ts	b.	(in addition to Fixture Units identified in Section A)		
Tixture offits a Number of F	ixtuics	- 100	ui i ixte	iic oiii	.5				
Vind of Fire		e Units		Fixtures	Total		Type of Facility/Process:		
Kind of Fixture Bathtub and Shower	Public 4	Private 4	Public	Private	Fixture Units				
Shower, per head	2	2					F.C. C. DW. C. C. D. J.		
Dishwasher	2	2					Estimated Wastewater Discharge:		
Drinking fountain (each head)	1	.5					Gallons/days		
Hose bibb (interior)	2.5	2.5	<u> </u>				Residential Customer Equivalents (RCE):		
Clotheswasher or laundry tub	4	2					187 gallons per day equals 1.0 RCE		
Sink, bar or lavatory Sink, Clinic flushing	8	8	-						
Sink, kitchen	3	2					Total Discharge (gal/day) = RCE		
Sink, other (service)	3	1.5					187		
Sink, wash fountain, circle spray	4	3				c.	Total Residential Customer Equivalents:		
Urinal, flush valve, 1 GPF	5	2	<u> </u>				(add A & B)		
Urinal, flush valve, >1 GPF	6	2					Λ		
Urinal, waterless Water closet, tank or valve, 1.6 GPF	6	3	\vdash				A		
Water closet, tank or valve, >1.6 GPF	-	4					В		
		-	Eivtur	n Unite					
Total Fixture Units L							= RCE		
20 fixture units ed			-/				- INCL		
Total No. of Finture Units									
20	- = _			RCE					
Pursuant to King County Code 28 84 al	SOME	ustomer	s who o	tahlich -	new service which	h lises metron	olitan sewage facilities shall be subject to a capacity charge. The amount of the charge		
established annually by the King County	/ Council	at a rate	e per moi	nth per r	esidential custome	r or residentia	l customer equivalent for a period of fifteen years. The purpose of the charge is to recove		
costs of providing sewage treatment ca	pacity for	r new se	wer cust	omers. T	he charge is collec	ted quarterly. <i>i</i>	All future billings can be prepaid at a discounted amount.		
Questions regarding the capacity charge									
							rge levied will be based on this information and any deviation wi		
require resubmission of correct	ted dat	ta for o	leterm	inatior	of a revised o	capacity ch	arge.		

Signature of Owner/Representative _____ Date______

Print Name of Owner/Representative